

Sample: Documentation of Counseling and Testing using a Rapid HIV Antibody Test HIV Primary Care Medicaid Program

Patient Demographics

Patient Name:

Date of Birth:

Attending Physician:

Medical Record Number:

Rapid HIV Antibody Test Counseling, Specimen Collection and Testing

Date/Time Specimen Collected

Risk Assessment and HIV Prevention Plan (describe):

Signature of Physician/Physician's Agent

Rapid HIV Antibody Test Result

☐ Non-Reactive (Negative)

☐ Reactive (Preliminary Positive)

☐ Invalid

Follow-Up Testing Indicated for Negative Result:

☐ Yes

☐ No

☐ If "Yes", when:

If Preliminary Positive, Date of Return for Confirmatory Test Result:

Signature of Person Interpreting the Test Result:

Meaning of the test result:

A **non-reactive (negative)** test result means that no antibodies to HIV-1 have been detected. HIV antibodies may be absent during the "window period" of infection. Follow-up testing may be necessary if indicated by risk factors.

A **reactive (preliminary positive)** test result suggests that antibodies to HIV-1 may be present in the blood. A specimen will have to be sent to the laboratory (onsite or reference laboratory) for testing to confirm the preliminary reactive test result.

An **invalid** test result can be due to a problem running the test or an interfering substance in the specimen. A specimen using other testing technology should be collected and submitted to a laboratory for analysis.

Subsequent Post-Test (Negative) Visit:

Provide justification for this visit (e.g., person continues to engage in risk behavior and needs additional counseling to accept referrals for substance abuse treatment or other interventions):

Signature of Physician/Physician's Agent:

Date:

Post-Test Counseling Visit (Confirmatory HIV Antibody Testing Result):

Name of Testing Laboratory:

Date Result Received:

Confirmatory Test Result:

☐ Non-Reactive (Negative)

☐ Reactive (Positive)

☐ Indeterminate

Signature of Physician/Physician's Agent:

Date: